

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2015 FEB -2 PM 12:18

FED MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Affordable Health Care For Americans PRe

ADDRESS (number and street)

131 West 35th St.



Check if different  
than previously  
reported. (ACC)

8th floor

New York City, NY

NY

10001-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00523159

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐ AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the  
State of

NY

(d) 30-Day  
POST-Election  
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

NY

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

J. Bailey Morgan

Signature of Treasurer

J. Bailey Morgan

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Affordable Health Care For Americans PAC

Report Covering the Period:

From:

MM / DD / YYYY  
10 / 04 / 2014

To:

MM / DD / YYYY  
11 / 24 / 2014

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

(b) Cash on Hand at  
Beginning of Reporting Period.....

(c) Total Receipts (from Line 19).....

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

7. Total Disbursements (from Line 31).....

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Affordable Health Care for Americans RNC*

Report Covering the Period:

From:

10 06 2014

To:

11 24 2014

## **I. Receipts**

### **COLUMN A** Total This Period

### **COLUMN B** Calendar Year-to-Date

#### 11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

#### 12. Transfers From Affiliated/Other Party Committees.....

#### 13. All Loans Received.....

#### 14. Loan Repayments Received.....

#### 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

#### 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

#### 17. Other Federal Receipts (Dividends, Interest, etc.).....

#### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b)).....

#### 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

#### 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

## Page 4

## II. Disbursements

**COLUMN B**  
**Calendar Year-to-Date**

21. Operating Expenditures:
- (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
    - (i) Federal Share .....
    - (ii) Non-Federal Share .....
  - (b) Other Federal Operating Expenditures .....
  - (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....
22. Transfers to Affiliated/Other Party Committees .....
23. Contributions to Federal Candidates/Committees and Other Political Committees .....
24. Independent Expenditures (use Schedule E) .....
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....
26. Loan Repayments Made .....
27. Loans Made .....
28. Refunds of Contributions To:
  - (a) Individuals/Persons Other Than Political Committees .....
  - (b) Political Party Committees .....
  - (c) Other Political Committees (such as PACs) .....
  - (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....
29. Other Disbursements .....
30. Federal Election Activity (52 U.S.C. § 3010)
  - (a) Allocated Federal Election Activity (from Schedule H6)
    - (i) Federal Share .....
    - (ii) "Levin" Share .....
  - (b) Federal Election Activity Paid Entirely With Federal Funds .....
  - (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount of Each Receipt this Period</p> <p>XXXXXXXXXX</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount of Each Receipt this Period</p> <p>XXXXXXXXXX</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount of Each Receipt this Period</p> <p>XXXXXXXXXX</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p> <p><b>TOTAL</b> This Period (last page this line number only).....▶</p>		<p>XXXXXXXXXX</p> <p>XXXXXXXXXX</p>

**PRESS FIRMLY TO SEAL**

**PRIORITY MAIL  
POSTAGE REQUIRED**

**FROM:**

J. Bailey Morgan  
131 West 35th Street, 8th Fl  
New York, N.Y. 10001

Ö

(FEC) Federal Election Com  
999 E Street NW  
Washington, DC  
20462

2015 FEB -2 PM 12:17  
FEC MAIL CENTER



▶ This envelope is made from post-consumer waste. Please recycle - again.

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 1/20/15
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER (8/2013)	2/2/15 DATE PREPARED